

Department of Criminal Justice Services

College Course In-Service Credit Application

Name of Applicant: _____ SSN: _____

Department: _____

Requested By: _____ Title: _____

Signature of Agency Administrator

Name of Course: _____

College Attended: _____ Dates: Attended: _____

In-Service Training Type Requested:

☐ Law Enforcement

☐ Jailor/Custodial Officer

☐ Court Security/Civil Process

☐ Correctional Officer DOC

Number of Total Hours Requested: _____ Legal: _____ Job Related: _____

I certify that I successfully completed the named college course for the hours indicated:

Signature of Criminal Justice Officer Attending College Course

Date

*** This form must be accompanied by DCJS form CC-2 completed by the course coordinator/college professor instructing the course.**

To Be Completed By DCJS

Approved for: ☐ Law Enforcement ☐ Department of Corrections

☐ Jailor/Custodial Officer ☐ Court Security/Process Server

Hours Approved: Legal: _____ Career Development/Elective: _____

Total In-service Credit Hours Approved: _____

DCJS Staff Signature: _____ Date: _____